

117TH CONGRESS  
2D SESSION

# H. R. 9310

To amend the Public Health Service Act to give the United States Preventive Services Task Force the authority to take early action based on scientific evidence, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 16, 2022

Ms. BLUNT ROCHESTER introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to give the United States Preventive Services Task Force the authority to take early action based on scientific evidence, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*

2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Preventive Services

5       Early Action Act”.

1   **SEC. 2. CHANGES TO UNITED STATES PREVENTIVE SERV-**

2                   **ICES TASK FORCE.**

3                 Section 915(a) of the Public Health Service Act (42

4   U.S.C. 299b–4(a)) is amended—

5                 (1) in paragraph (2)—

6                     (A) in subparagraph (E), by striking  
7                     “and” at the end;

8                     (B) in subparagraph (F), by striking the  
9                     period at the end and inserting “; and”; and

10                  (C) by adding at the end the following:

11                  “(G) the publication of quarterly reports  
12                  on the Task Force’s website identifying—

13                  “(i) a list of clinical preventive rec-  
14                  ommendations of the Task Force with re-  
15                  spect to the scientific information de-  
16                  scribed in paragraph (4)(B); and

17                  “(ii) a list of topics that the Scientific  
18                  Director determines are appropriate for  
19                  early action as described in paragraph  
20                  (5).”;

21                  (2) by redesignating paragraphs (4), (5), (6),  
22                  and (7) as paragraphs (7), (8), (9), and (11), re-  
23                  spectively;

24                  (3) after making such redesignations, by insert-  
25                  ing after paragraph (3) the following:

1                 “(4) ONGOING REVIEW OF SCIENTIFIC EVI-  
2 DENCE AND REQUESTS FOR EARLY ACTION.—For  
3 the purpose described in paragraph (1), the Task  
4 Force shall establish and implement a process for  
5 the ongoing review of scientific evidence related to  
6 updating previous clinical preventive recommenda-  
7 tions of the Task Force under paragraph (5) and re-  
8 viewing new topics for the development of rec-  
9 ommendations for the health care community. Such  
10 scientific evidence shall include—

11                 “(A) information from sources audited  
12 under the LitWatch process described in Ap-  
13 pendix III of the United States Preventive  
14 Services Task Force Procedure Manual (or any  
15 successor to such process); and

16                 “(B) information submitted through a pub-  
17 lic submission process, which may include evi-  
18 dence—

19                     “(i) of the impact of clinical preven-  
20 tive services on populations or age groups  
21 for which such clinical preventive services  
22 do not have in effect a rating of A or B;

23                     “(ii) to fill research gaps identified by  
24 the Task Force;

1                         “(iii) of a new, novel screening modal-  
2                         ity or technology, preventive medication, or  
3                         other preventive service not previously re-  
4                         viewed by the Task Force;

5                         “(iv) of health outcomes from a clin-  
6                         ical preventive service that was previously  
7                         considered but not recommended by the  
8                         Task Force; or

9                         “(v) changes in the public health im-  
10                         pact of a specific condition, whether in  
11                         general or as such changes relate to a spe-  
12                         cific population.

13                         “(5) EARLY ACTION BASED ON SCIENTIFIC EVI-  
14                         DENCE.—

15                         “(A) DETERMINATION BY SCIENTIFIC DI-  
16                         RECTOR.—Not less than once per quarter, the  
17                         Scientific Director shall determine whether the  
18                         scientific evidence reviewed under paragraph (4)  
19                         supports—

20                         “(i) early review of a previous clinical  
21                         preventive recommendation of the Task  
22                         Force before the previous recommendation  
23                         is subject to full review under the 5-year  
24                         review period described in paragraph (2);  
25                         or

1                     “(ii) modification of a previous clinical  
2                     preventive recommendation of the Task  
3                     Force or any portion thereof before the  
4                     previous recommendation is subject to full  
5                     review under the 5-year review period de-  
6                     scribed in paragraph (2).

7                     “(B) CONSIDERATIONS.—In making a de-  
8                     termination under subparagraph (A), the Sci-  
9                     entific Director shall take into consideration  
10                    whether the scientific evidence involved—

11                    “(i) includes information on a new or  
12                    novel intervention, modality, technology,  
13                    population, or strategy not previously con-  
14                    sidered by the Task Force in the develop-  
15                    ment of the previous clinical preventive  
16                    recommendation;

17                    “(ii) helps to address a research gap  
18                    identified by the Task Force when devel-  
19                    oping the previous recommendation;

20                    “(iii) relates to a previous rec-  
21                    ommendation for a preventive service or  
22                    treatment of a disease or condition with a  
23                    high impact on public health or with dis-  
24                    parities in screening rates, incidence, or

1                   health outcomes linked to socioeconomic  
2                   status or race;

3                   “(iv) is based on the development of  
4                   new technologies or modalities that would  
5                   allow for easier disease detection or in-  
6                   crease utilization of recommended clinical  
7                   preventative services; or

8                   “(v) is supported by additional  
9                   sources of data for any subpopulations (in-  
10                  cluding subpopulations based on gender,  
11                  race, ethnicity, genetic predisposition, so-  
12                  cioeconomic status, geographic location, or  
13                  other risk factors) not considered in the  
14                  previous recommendation.

15                  “(C) RESPONSE BY TASK FORCE.—If the  
16                  Scientific Director of the Task Force deter-  
17                  mines under subparagraph (A) that the sci-  
18                  entific evidence supports the need for early ac-  
19                  tion, the Task Force shall—

20                  “(i) review the scientific evidence in  
21                  support of the determination at the next  
22                  meeting of the Task Force, which shall be  
23                  held not later than 3 months after the Sci-  
24                  entific Director’s determination; and

25                  “(ii) determine that—

1                         “(I) the scientific evidence does  
2                         not support the need for early action;

3                         “(II) the scientific evidence sup-  
4                         ports the need for an early review of  
5                         a previous clinical preventive rec-  
6                         ommendation before the previous rec-  
7                         ommendation is subject to full review  
8                         under the 5-year review period de-  
9                         scribed in paragraph (2); or

10                         “(III) the scientific evidence sup-  
11                         ports the need to modify a previous  
12                         clinical preventive recommendation or  
13                         any portion thereof before the pre-  
14                         vious recommendation is subject to  
15                         full review under the 5-year review pe-  
16                         riod described in paragraph (2), which  
17                         may include recommending a new  
18                         clinical preventive service, screening  
19                         test, or preventive medication without  
20                         reviewing or modifying the eligible  
21                         population in the previous rec-  
22                         ommendation.

23                         “(D) EARLY ACTION.—If the Task Force  
24                         determines that the scientific evidence supports  
25                         the need for an early review of a previous clin-

1           ical preventive recommendation, as described in  
2           subparagraph (C)(ii)(II), the Task Force  
3           shall—

4                 “(i) allow for public comment on a  
5                 draft recommendation; and

6                 “(ii) not later than 6 months after  
7                 such determination, conclude such early re-  
8                 view and make a final recommendation.

9                 “(E) MODIFICATION.—If the Task Force  
10          determines that the scientific evidence supports  
11          the need to modify a previous clinical preventive  
12          recommendation or any portion thereof, as de-  
13          scribed in subparagraph (C)(ii)(III), the Task  
14          Force shall finalize the modified recommenda-  
15          tion not later than 90 days after such deter-  
16          mination. Any modification approved under this  
17          subparagraph shall be in effect until the next  
18          review of such recommendation under the 5-  
19          year review period described in paragraph (2).

20                 “(6) APPROVAL OF CLEARANCE OF CERTAIN  
21          PRODUCTS.—Not later than 3 months after the ap-  
22          proval or clearance by the Food and Drug Adminis-  
23          tration of a screening test or preventive medication  
24          that is a preventive strategy or modality pertaining  
25          to but not included in a previous clinical preventive

1 recommendation of the Task Force, the Task Force  
2 shall determine that the approval or clearance of the  
3 product—

4 “(A) does not support the need for early  
5 action;

6 “(B) supports the need for an early review  
7 of a previous clinical preventive recommenda-  
8 tion before the previous recommendation is sub-  
9 ject to full review under the 5-year review pe-  
10 riod described in paragraph (2); or

11 “(C) supports the need to modify a pre-  
12 vious clinical preventive recommendation or any  
13 portion thereof before the previous rec-  
14 ommendation is subject to full review under the  
15 5-year review period described in paragraph (2),  
16 which may include recommending a new clinical  
17 preventive service, screening test, or preventive  
18 medication without reviewing or modifying the  
19 eligible population in the previous recomme-  
20 dation.”;

21 (4) by inserting after paragraph (9), as so re-  
22 designated, the following:

23 “(10) DEFINITIONS.—In this section:

24 “(A) The term ‘public submission process’  
25 means an online mechanism that allows any

1 member of the general public to submit sci-  
2 entific evidence for review by the Scientific Di-  
3 rector and the Task Force staff.

4 “(B) The term ‘Scientific Director’ means  
5 the chief physician, researcher, and technical  
6 advisor for the Task Force, as determined by  
7 the Director.”; and

8 (5) by amending paragraph (11), as so redesign-  
9 nated, to read as follows:

10 “(11) AUTHORIZATION OF APPROPRIATIONS.—  
11 There are authorized to be appropriated such sums  
12 as may be necessary for each fiscal year to carry out  
13 the activities of the Task Force, of which such sums  
14 as may be necessary are authorized to be appro-  
15 priated for fiscal years 2023 and 2024 to hire addi-  
16 tional staff to carry out paragraphs (4) and (5).”.

